BROWARD COLLEGE
www.broward.edu

DUAL ENROLLMENT TESTING REFERRAL FORM

PLEASE   Student Name_____
                                                    LAST   FIRST
PRINT   FVS Student ID#_____

PICTURE I.D. REQUIRED IN ORDER TO TEST

Please indicate area(s) of the Postsecondary Education Readiness Test (PERT) student is being referred to take:

ENGLISH _____   **READING** _____   **MATH** _____

***Please bring this form along with your receipt from the cashier's office as proof of the $15.00 fee payment.**

Guidance Counselor:

Print: _____ **Signature:** _____ **Date** _____

High School: ___Florida Virtual School_____

Testing Fee is $15.00 (non-refundable). Please pay at the cashier's office.